



**APPLICATION FOR EMPLOYMENT  
CITY OF NORTH MIAMI  
PERSONNEL ADMINISTRATION DEPARTMENT  
776 N.E. 125 Street  
North Miami, FL 33161  
(305) 895-9866  
JOBLINE: (305) 895-9860  
TTY (305) 893-7936  
AA/EOE**

FOR OFFICE USE ONLY

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CC: \_\_\_\_\_

**TYPE OR PRINT CLEARLY IN INK.** The application must be filled out accurately and completely. If an item does not apply, write N/A (not applicable) on the line. Resume should be used as a supplement only and not as a substitute for completing the required employment information. All statements are subject to verification. Exaggerated, false or misleading statements are cause for rejection. Submit any required or applicable documents, certificates and commendations to assist with evaluation of qualifications at time of application. Incomplete applications will not be processed.

NAME	LAST NAME	FIRST NAME	MAIDEN AND MIDDLE NAME
<b>E-MAIL ADDRESS:</b> _____ You will be notified of application status (tests, interviews, results) via e-mail. If your e-mail address changes, you must notify Personnel Administration immediately.			
<b>PRESENT ADDRESS</b> Street/Apartment Number _____ City _____ State _____ Zip Code _____			
<b>PREVIOUS ADDRESS (if Present Address is less than 1 year)</b> Street/Apartment Number _____ City _____ State _____ Zip Code _____			
<b>MAILING ADDRESS (if different than Present Address)</b> P.O. Box/Street _____ City _____ State _____ Zip Code _____			
<b>HOME TELEPHONE NUMBER</b> Area Code _____ Number _____		<b>OTHER TELEPHONE NUMBER</b> Area Code _____ Number _____	

**If you are claiming North Miami residence preference, you must submit a copy of your driver's license, lease or a utility bill with your name and the Present Address indicated above at time of application. Addresses are verified to confirm they fall within North Miami city limits. It is your responsibility to give the Personnel Administration Department written notification if you change your present address, mailing address or telephone number.**

Are you a U.S. citizen or authorized by U.S. Citizenship & Immigration Services to work in the U.S.? ☐ Yes ☐ No

**VETERAN'S PREFERENCE**

According to Florida Statutes, you may be eligible for preference in employment if you are a wartime veteran with an honorable discharge, a veteran who served in a campaign or expedition for which a qualifying campaign badge has been authorized: AFEM or Global War on Terrorism Expeditionary medal, the unmarried widow of a veteran, a service connected disabled veteran, or the spouse of a disabled veteran, and are a **Florida resident. POINTS WILL BE AWARDED ONLY IF SUPPORTING DOCUMENTATION IS PROVIDED AT THE TIME OF APPLICATION.**

Acceptable documentation is a DD-214 and a current disability award letter from the US Dept. of Veteran Affairs (if claiming status as disabled veteran). You must also complete the City's Veteran's Employment Preference Form (available in the Personnel Administration Department).

Did you serve in the Armed Forces? ☐ Yes ☐ No  
Do you claim Veteran's Preference? ☐ Yes ☐ No

Is your discharge honorable? ☐ Yes ☐ No  
Are you retired from the military? ☐ Yes ☐ No

**REQUEST FOR ACCOMMODATION**

If you require assistance with pre-employment testing due to a disability, please notify our staff at time of application.

## EMPLOYMENT RECORD

List all jobs held in the last **TEN** years, including self-employment. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with your present or most recent position and work back. Be specific – all or part of your evaluation may depend on the information you provide. If additional space is needed, please complete a **supplementary experience sheet**. Record temporary or part-time work experience as such. Explain any gaps in employment (ex. attending school, unemployed, etc.)

**This section must be completed. If you submit a resume, it does not substitute for this section. Incomplete applications will not be considered.**

(1) Present or Most Recent Job					
From		To		Total Time	
Month	Year	Month	Year	Years	Months

☐ Full Time    ☐ Part Time

Hours worked per week \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Specific Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Area Code \_\_\_\_\_ Number \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are you still working for this employer? ☐ Yes ☐ No

May we contact this employer regarding your record of employment? ☐ Yes ☐ No

(2) Previous Job					
From		To		Total Time	
Month	Year	Month	Year	Years	Months

☐ Full Time    ☐ Part Time

Hours worked per week \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Specific Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Area Code \_\_\_\_\_ Number \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are you still working for this employer? ☐ Yes ☐ No

May we contact this employer regarding your record of employment? ☐ Yes ☐ No

(3) Previous Job					
From		To		Total Time	
Month	Year	Month	Year	Years	Months

☐ Full Time    ☐ Part Time

Hours worked per week \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Specific Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Area Code \_\_\_\_\_ Number \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ and Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are you still working for this employer? ☐ Yes ☐ No

May we contact this employer regarding your record of employment? ☐ Yes ☐ No

**IF MORE SPACE REQUIRED, USE AN EMPLOYMENT RECORD SUPPLEMENTARY EXPERIENCE SHEET WHICH MAY BE OBTAINED FROM THE PERSONNEL ADMINISTRATION DEPARTMENT**

## EDUCATION AND SPECIAL TRAINING

Do you have a high school diploma or GED? ☐ Yes ☐ No

Name of High School \_\_\_\_\_ Location \_\_\_\_\_  
(City, State)

### LIST COLLEGES AND UNIVERSITIES ATTENDED:

Name and Location	Dates Attended	Did you Graduate?	Major/Minor	Credits Earned	Type of Degree or Certificate Received AA/BS/MS
	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	From: _____ To: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			

### LIST SPECIAL TRAINING (BUSINESS, TRADE, VOCATIONAL, ARMED FORCES SCHOOLS, ETC.) :

Name and Location	Dates Attended	Total Months Completed	Courses Taken or Certificate Received
	From: _____ To: _____		
	From: _____ To: _____		
	From: _____ To: _____		

### LIST ANY OFFICE AND/OR CONSTRUCTION EQUIPMENT APPLICABLE TO THIS POSITION WHICH YOU OPERATE SKILLFULLY (indicate type and model):

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### LIST ANY COMPUTER PROGRAMS AND/OR EQUIPMENT YOU OPERATE SKILLFULLY:

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### INDICATE ANY KNOWLEDGE, SKILLS AND ABILITIES PERTINENT TO THIS POSITION WHICH HAVE NOT BEEN COVERED IN OTHER SECTIONS:

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### INDICATE LANGUAGES YOU SPEAK, READ AND/OR WRITE:

	<u>SPEAK</u>	<u>READ</u>	<u>WRITE</u>
ENGLISH	_____	_____	_____
SPANISH	_____	_____	_____
CREOLE	_____	_____	_____
OTHER (Specify)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### CHARACTER REFERENCES

List two (2) responsible persons who are in a position to vouch for your character. **FORMER EMPLOYERS AND RELATIVES ARE NOT ACCEPTABLE AS REFERENCES.**

(1)	Name _____	Occupation _____	Years Known _____
	Address, City, State _____	Telephone Number (____) _____	
(2)	Name _____	Occupation _____	Years Known _____
	Address, City, State _____	Telephone Number (____) _____	

### EXEMPTION FROM RELEASE OF INFORMATION UNDER PUBLIC RECORDS LAW

Florida Statute 119.07 provides certain exemptions from public inspection of records for active and former law enforcement personnel (including correctional and correctional probation officers); DCFS (formerly HRS) investigative staff; certified firefighters; code enforcement officers; Supreme Court justices; district, appeal, circuit and county court judges; district and assistant district attorneys; statewide and assistant statewide prosecutors AND the spouses and children of any of the aforementioned. Do you qualify for this exemption? ☐ Yes ☐ No

If yes, please indicate reason for exemption: \_\_\_\_\_

### CRIMINAL CONVICTIONS

Have you ever been convicted, pled Nolo Contendere (no contest), pled guilty, or had adjudication withheld for any violation of the law, other than minor traffic offenses? ☐ Yes ☐ No

If yes, give details and disposition:

Date	Court	Location (City, State)	Offense	Disposition of Case

**NOTE: A conviction does not mean you cannot be employed by the City. The nature of the offense, length of time that has passed, relationship to the job, etc. is given consideration. If you need additional space, please use a separate sheet of paper. Sign and date each additional sheet and submit with application.**

### PERSONAL DATA

Have you ever been employed by the City of North Miami? ☐ Yes ☐ No

If yes, please indicate dates and department: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Department: \_\_\_\_\_

Are you related to any employee of the City of North Miami or is any City employee a member of your household? ☐ Yes ☐ No

If yes, give name, relationship and employing department:

Name	Relationship	Department

### CERTIFICATION BY APPLICANT – WAIVER OF CONFIDENTIALITY

**IMPORTANT:** Employment is subject to verification of an applicant's background. Persons selected for employment must (1) present a valid social security card, (2) take a Loyalty Oath as per Florida Statute 876.05, and (3) subsequent to an offer of employment, pass a medical examination by a physician. The medical examination may include testing for current use of drugs and/or controlled substances. If traces of drugs or controlled substances are present in a candidate's urine and have NOT been obtained or taken as directed by a valid prescription, the candidate WILL NOT be given further consideration under the present announcement for this classification. As a part of the employment process, Federal law requires applicants to provide documents proving their identity and right to work in the United States.

**COLLECTION & USE OF SOCIAL SECURITY NUMBER:** In compliance with FS § 119.071(5)(3), the City acknowledges that Social Security Numbers are highly confidential and legally protected data and is committed to protecting the privacy and legal rights of its applicants/employees. Your Social Security Number will be collected and may be used for any of the following purposes: investigation of potential City employees during the pre-employment phase such as for background investigations, including but not limited to: consumer credit, criminal record, and driving history checks; drug testing administration; confidential medical documentation; City Group Benefits; Pension and Workers' Comp; payroll processing; as a tax identifier; and for use in identification of City Employees for any purpose allowed under law not limited by protection under state or federal privacy laws. The City may disclose Social Security Numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities. Disclosure statements will be provided whenever a Social Security Number is requested or used for any purpose not noted in this statement.

### APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of North Miami is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time. Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide urine which may be tested for recent use of drugs and/or controlled substances. Further, I release the City, its officers, agents and employees from any liability whatsoever in connection with such a medical examination or the use of the test results therefrom.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if Applicant under 18 years of age)

**CITY OF NORTH MIAMI**

**EQUAL EMPLOYMENT OPPORTUNITY/  
AFFIRMATIVE ACTION SURVEY**

**TO ALL APPLICANTS:** The following information is being gathered by the City of North Miami for research, affirmative action, and federal EEO reporting requirements. If you choose not to answer any of the items, you will not be subject to adverse treatment; however, we urge you to do so and assure you this information will not be used to evaluate your application and will be kept confidential.

JOB/POSITION(S) APPLIED FOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH (Month/Day/Year): \_\_\_\_\_

SEX: ☐ Male  
☐ Female

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**RACE/ETHNIC CATEGORIES (Check One)**

- |   |  |
|---|--|
| <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic                          |
| <input type="checkbox"/> Asian or Pacific Islander      | <input type="checkbox"/> American Indian or Alaskan native |
| <input type="checkbox"/> White (not of Hispanic origin) |  |

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**ACCOMMODATIONS**

Do you require any accommodation in order to take a written examination due to physical or mental disability? ☐ Yes ☐ No If yes, MUST explain? \_\_\_\_\_

Do you require any accommodation in order to properly perform the essential functions of the job for which you are applying? ☐ Yes ☐ No If yes, MUST explain? \_\_\_\_\_

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**HOW DID YOU LEARN OF THIS POSITION**

- |  |  |
|--|--|
| <input type="checkbox"/> Ad in Miami Herald          | <input type="checkbox"/> Job Information Line        |
| <input type="checkbox"/> Ad in Miami Times           | <input type="checkbox"/> City bulletin board/walk-in |
| <input type="checkbox"/> Ad in New Times             | <input type="checkbox"/> City website                |
| <input type="checkbox"/> Ad in other newspaper _____ | <input type="checkbox"/> Other website _____         |
| <input type="checkbox"/> City Employee               | <input type="checkbox"/> Job Fair                    |

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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I acknowledge that I have received a copy of the above statement.

Print Name of Applicant:\_\_\_\_\_

Signature of Applicant:\_\_\_\_\_

Date:\_\_\_\_\_

PERSONNEL ADMINISTRATION COPY

10/07



**COLLECTION & USE OF SOCIAL SECURITY NUMBER:** In compliance with FS § 119.071(5)(3), the City acknowledges that Social Security Numbers are highly confidential and legally protected data and is committed to protecting the privacy and legal rights of its applicants/employees. Your Social Security Number will be collected and may be used for any of the following purposes: investigation of potential City employees during the pre-employment phase such as for background investigations, including but not limited to: consumer credit, criminal record, and driving history checks; drug testing administration; confidential medical documentation; City Group Benefits; Pension and Workers' Comp; payroll processing; as a tax identifier; and for use in identification of City Employees for any purpose allowed under law not limited by protection under state or federal privacy laws. The City may disclose Social Security Numbers to another agency or governmental entity if it is necessary for the receiving agency or governmental agency to perform its duties and responsibilities. Disclosure statements will be provided whenever a Social Security Number is requested or used for any purpose not noted in this statement.

I acknowledge that I have received a copy of the above statement.

Print Name of Applicant:\_\_\_\_\_

Signature of Applicant:\_\_\_\_\_

Date:\_\_\_\_\_

APPLICANT COPY

10/07

**NOTICE TO APPLICANT OR EMPLOYEE OF INTENT  
TO OBTAIN AN INVESTIGATIVE CONSUMER REPORT**

Dear Applicant or Employee:


In connection with your application for employment, the City of North Miami would like to obtain certain background information concerning you, which is contained in an investigative consumer report. An investigative consumer report may contain information regarding your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, and/or criminal background. This information may be gathered from personal interviews with your neighbors, friends and/or associates, e.g., former employers.

Before we obtain an investigative consumer report, you must authorize such procurement in writing. You have the right to decline this authorization. However, if you are an applicant and decline authorization, we will not consider you for employment. If you are a current employee, we may consider employment action if you decline.

We intend to ask your former employer(s) the following questions concerning you:

- What were the dates of your former employment?
- What position(s) did you hold?
- Were you ever demoted or otherwise disciplined? If so, what were the circumstances?
- Did you perform your job in a satisfactory manner?
- Under what circumstances did you leave?
- Would you rehire the individual?

Please read the attached release carefully before signing. Additionally, please note that the release authorizes us to obtain an investigative consumer report now and at any other time during your employment if you are hired.







**RELEASE TO OBTAIN AN INVESTIGATIVE CONSUMER REPORT**

I have read the "Notice to Applicant or Employee". I understand that I have the right to decline authorization for the City of North Miami to obtain an investigative consumer report concerning me.

I understand that the investigative consumer report may contain information concerning my: creditworthiness, credit standing, general reputation, personal characteristics and mode of living, and/or criminal background. I also understand that this information may be gathered from former employers, personal interviews with my neighbors, friends, and/or associates.

As disclosed in the "Notice to Applicant or Employee", I understand the nature and scope of the investigation that is going to be made into my background.

Understanding these rights,

\_\_\_\_\_ I authorize the City of North Miami to obtain an investigative consumer report concerning me.

\_\_\_\_\_ I do not authorize the City of North Miami to obtain an investigative consumer report concerning me.

NAME (Please print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
Print Name of Notary Public                      Certification #

\_\_\_\_\_ Personally known to me or  
\_\_\_\_\_ Produced Identification:

\_\_\_\_\_  
(Type of Identification Produced)



## AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Driver License Number:** \_\_\_\_\_

I, \_\_\_\_\_, authorize and instruct the City of North Miami  
(Print Name)  
or its designated agent, to conduct a pre-employment investigation into my background for  
purposes of determining my fitness for duty.

In connection with application for employment, I authorize and instruct the investigators to make  
personal, written, and/or telephone contact with former employers, private individuals,  
government agencies, consumer credit reporting agencies and any other party that may have  
information pertaining to my personal background, and fitness for employment in a position of  
trust and responsibility.

I authorize the investigators to compile this information on behalf of my prospective employer,  
the City of North Miami, and to make written and verbal reports of their findings to that party.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
Print Name of Notary Public

\_\_\_\_\_  
Certification #

\_\_\_\_\_  
Personally known to me or  
Produced Identification:

\_\_\_\_\_  
(Type of Identification Produced)

## CITY OF NORTH MIAMI

## APPLICATION STATUS

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Last 4 digits of Social Security Number: XXX - XX - \_\_\_\_\_**You will be notified of application status by e-mail. Please advise if your e-mail address changes.**

e-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_FOR PERSONNEL ADMIN USE ONLY  
NOTIFICATION TO APPLICANT

<input type="checkbox"/> Eligible	Date Notified: _____	Status/Notification of Exams/Results/Comments w/Date/Initials
<input type="checkbox"/> Ineligible	Date Notified: _____	Grade: _____ <input type="checkbox"/> V <input type="checkbox"/> R included
<input type="checkbox"/> Education		Rank on List _____
<input type="checkbox"/> Experience		_____
<input type="checkbox"/> Supervisory Experience		_____
<input type="checkbox"/> No CDL		_____
Written Test	<input type="checkbox"/> DNQ <input type="checkbox"/> DNR	_____
Performance Test	<input type="checkbox"/> DNQ <input type="checkbox"/> DNR	_____
Typing Test	<input type="checkbox"/> DNQ <input type="checkbox"/> DNR	_____
Oral Panel Interview	<input type="checkbox"/> DNQ <input type="checkbox"/> DNR	_____
<input type="checkbox"/> Other _____		_____
<input type="checkbox"/> Withdrew		ATS: _____